

ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Keenan A Walker

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; font-size: small;">NIA (Intramural Research Program) AG000348-01</td> <td style="font-size: small;">Payments made to institution</td> </tr> <tr> <td style="font-size: small;">NIA (Intramural Research Program) AG000349-01</td> <td style="font-size: small;">Payments made to institution</td> </tr> <tr><td style="height: 15px;"> </td><td></td></tr> </table>	NIA (Intramural Research Program) AG000348-01	Payments made to institution	NIA (Intramural Research Program) AG000349-01	Payments made to institution		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		National Academy of Neuropsychology, Board of Directors	Unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Date: 9/8/2025

Your Name: Pascal Schlosser

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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	society, committee or advocacy group, paid or unpaid		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Wan-Jin Yeo

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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Date: 9/8/2025

Your Name: Sushrut Waikar

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None NIDDK, Vertex, Pfizer, J&J, Natera	Grants to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None Aditum - Motric Bain CANbridge Dechert Delix Goldfinch Ikena Merck Mineralys Ono Pharma PepGen	Consulting for industry/pharma on drug development, safety, etc.

		Quinn Emanuel Strataca Vertex	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None Dechert DLA Piper Finnegan Ropes and Gray Tucker Ellis	Expert witness consulting on patent issues, dialysis laboratory testing, and drug safety
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Date: 9/8/2025

Your Name: Celina Liu

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Morgan Grams

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Academic institutions	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		KDIGO, NKF, PARASOL	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		KDIGO co-chair, NKF Scientific Advisory Board, KRI Community Advisory Board, USRDS Community Advisory Board (all non-profits)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Hamilton Oh

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Anna Prizment

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Eugene Rhee

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Sanaz Sedaghat

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 9/8/2025

Your Name: Josef Coresh

Manuscript Title: Biological Organ Ages Associate with Risk of Chronic Diseases in a Community-Based Population

Manuscript Number (if known): 197304-INS-CRPH-RV-2

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		Soma Logic	Scientific advisory board (ended 2023)
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